

1A. NAME AND ADDRESS OF OWNER FILING APPLICATION		<b>FSA-553</b> (09-27-02)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency	
		<b>LIVESTOCK COMPENSATION PROGRAM (LCP)</b> <b>APPLICATION</b>			
1B. OWNER'S IDENTIFICATION NUMBER:		3A. COUNTY FSA OFFICE NAME AND ADDRESS (Including Zip Code)		4. APPLICATION NUMBER	
2A. NAME OF CONTACT PERSON	2B. TELEPHONE NO. (Area Code)				
		3B. TELEPHONE NO. (Area Code):			

5. List names and addresses of all persons sharing ownership in livestock, their share of this operation and the location of any other livestock.

A. NAME AND ADDRESS	B. SHARE THIS OPERATION	C. OTHER LIVESTOCK INTERESTS		
		STATE	COUNTY	FARM NO.
NAME OF APPLICANT				
IDENTIFICATION NUMBER:	%			
OTHER OWNER				
IDENTIFICATION NUMBER:	%			
OTHER OWNER				
IDENTIFICATION NUMBER:	%			
OTHER OWNER				
IDENTIFICATION NUMBER:	%			
OTHER OWNER				
IDENTIFICATION NUMBER:	%			

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Section 32 of the Act of August 24, 1935. The information will be used to determine eligibility in accordance with the requirements of the Federal Register Notice for applicants who are requesting Livestock Compensation Program benefits. Furnishing the requested information is voluntary; however, failure to furnish the requested information will result in a determination of ineligibility for Livestock Compensation Program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001 and 1004; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0223. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

The U. S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

6A. TYPE OF LIVESTOCK	6B. NUMBER OF HEAD	6C. PAYMENT PER HEAD	6D. TOTAL
<b>Adult</b> beef cattle, buffalo and beefalo (cows and bulls)	X	<b>\$18.00</b> =	<b>\$</b>
Beef, dairy, buffalo and beefalo replacement heifers (500 lbs. and over)	X	<b>\$13.50</b> =	<b>\$</b>
<b>Adult</b> dairy cattle (cows and bulls)	X	<b>\$31.50</b> =	<b>\$</b>
Beef, dairy, buffalo and beefalo steers (500 lbs. and over)	X	<b>\$13.50</b> =	<b>\$</b>
Non-breeding beef, dairy, buffalo and beefalo heifers (500 lbs. and over)	X	<b>\$13.50</b> =	<b>\$</b>
Beef, dairy, buffalo and beefalo bulls (500 lbs. and over)	X	<b>\$13.50</b> =	<b>\$</b>
Sheep (All)	X	<b>\$ 4.50</b> =	<b>\$</b>
Goats (All)	X	<b>\$ 4.50</b> =	<b>\$</b>
<b>6E. TOTAL</b>			<b>\$</b>

**7. PRODUCER'S CERTIFICATION**

*I certify that I owned or leased the livestock on June 1, 2002, and for a minimum of 90 calendar days.*

*I certify that all the information entered on this application and documents attached are true and correct, and all documents provided are true copies of the transaction reported. Providing a false certification to the government is punishable by imprisonment, fines and other penalties. All information provided herein is subject to verification by the Commodity Credit Corporation. The provisions of criminal and civil fraud statutes that apply to this certification, include 18 USC 286, 287, 371, 641, 651, 1001 and 1004; 15 USC 714m; and 31 USC 3729.*

*I hereby certify that: (YOU MUST enter A or B in Item 8A below before signing.)*

- A. More than 50 percent of my gross annual revenue (receipts) is received from farming and ranching operations and that my gross annual revenue (receipts) from these operations is not in excess of \$2.5 million.
- B. Fifty percent or less of my gross annual revenue (receipts) is received from farming and ranching operations and that my gross annual revenue (receipts) from all agriculture and nonagricultural sources is not in excess of \$2.5 million.

Enter A or B	8B. Producer's Signature	8C. Date (MM-DD-YYYY)	8A. Enter A or B	8B. Producer's Signature	8C. Date (MM-DD-YYYY)

**9. COC DETERMINATION (Check applicable box below):**☐

APPROVED

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DISAPPROVED

10A. SIGNATURE OF COC OR DESIGNEE	10B. TITLE OF COC OR DESIGNEE	10C. DATE (MM-DD-YYYY)
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**11. REMARKS**